

South Carolina Department of Social Services
EMERGENCY FOOD ASSISTANCE PROGRAM FOOD LOSS REPORT

EFO/ERA Name: _____

Warehouse Location: _____

Date Loss Detected: _____ Date Report Submitted: _____

Product Code	Product Name	Date Received	# Cases Lost	Loss Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Loss Type Codes:

A-Spoilage

B-Contamination

C-Infestation

D-Freezer Malfunction

F-Theft

G-Warehouse Damage

H-Hidden Damage

I-Fire

J-Product Missing

K-Other

Explanation of how loss occurred and corrective action taken to prevent future losses:

Section I – Loss Due to Theft

Police report attached? ☐ Yes ☐ No If loss due to theft, explain why police report was not filed:

Describe method of entry: _____

Was there an alarm system present? ☐ Yes ☐ No

Covered by insurance? ☐ Yes ☐ No Name of Insurance Company: _____

Section II – Loss Due to Storage Practices/Freezer Malfunction

Was shipment examined upon receipt? ☐ Yes ☐ No Condition: ☐ Good ☐ Damaged

If damaged upon receipt, was a report filed with State Agency? ☐ Yes ☐ No

Describe condition of product when received: _____

Temperature Checks:

A. How often conducted? _____ (Attach temperature log for past 30 days to this report.)

B. Date of last temperature check prior to detection of damage: _____

Readings Taken: Inside: _____ Outside: _____

C. Was FI/FO used for distribution of product in question? ☐ Yes ☐ No

Section III – Disposition of Food

Was inspection completed? ☐ Yes ☐ No Inspection report attached? ☐ Yes ☐ No

Was any product salvaged? ☐ Yes ☐ No If yes, what is the current location of salvaged product?

Name of agency and staff person that conducted the inspection: _____

Was food destroyed? ☐ Yes ☐ No On whose authority? _____

Signature of Person Completing Form

Date

Signature of EFO/ERA Director

Date

STATE AGENCY USE ONLY

Total Value of Loss: _____ Was loss due to negligence? ☐ Yes ☐ No

Claim Determination: ☐ Claim Assessed ☐ No Claim Assessed

Total Claim: \$ _____

Signature of State Agency Official

Date